## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Domingo's Care Home	CHAPTER 100.1	
Address: 74-828 Ulua'oa Street, Kailua-Kona, Hawaii 96740	Inspection Date: May 24, 2019	

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-14 Food sanitation. (e) A metal stem thermometer shall be available for checking cold and hot food temperatures.  FINDINGS  Metal stem thermometer inoperable.	DID YOU CORRECT THE DEFICIENCY?  USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY  I replace new digital atem thermon a train careguers how to use the thermometer for checking the temperature of cooking food.	<del>J</del> u 5/25/19

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-14 Food sanitation. (e) A metal stem thermometer shall be available for checking cold and hot food temperatures.  FINDINGS Metal stem thermometer inoperable.	FUTURE PLAN  USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?  TO prevent happen again of engine maintain logs which part or sign in the kitchen Cabinet for digital often thermometer for operable. Check a initial weekly.	u D t

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-15 Medications. (b)  Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.  FINDINGS  Medication cabinet unlocked.	DID YOU CORRECT THE DEFICIENCY?  USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY  Perident #!  Yes. I lock medication Cabin as poor inspection done.  2 place a sign "Please lock at all times:" by the cloor of medication cabinet: as a reminder for my self I my substitute careginers.	5/24/19

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.  FINDINGS Resident #1, physician order dated January 12, 2019 read, "Trazodone (Desyrel) 1 X daily at bedtime as needed treat depression or insomnia." However, January 2019 medication record read and initialed as administered,	PART 1	
"Trazodone Hydrochloride 50 mg take 1 tablet by mouth at bedtime."	Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	

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\$11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.  FINDINGS Resident #1, physician order dated January 12, 2019 read, "Trazodone (Desyrel) 1 X daily at bedtime as needed treat depression or insomnia." However, January 2019 medication record read and initialed as administered, "Trazodone Hydrochloride 50 mg take 1 tablet by mouth at bedtime."	PLAN OF CORRECTION  PART 2  FUTURE PLAN  USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?  LE LOTA as & go home & check the physician's arder & witter administration administration. The medication, record a doubt	Date
	check met physician order x HA right away.	R 8/2/19

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-15 <u>Medications.</u> (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.	PART 1	
FINDINGS Resident #1, physician order dated March 12, 2019 read, "Please increase Paroxetine 10 mg to 2 tablets by mouth daily in the morning." However, April 2019 medication record reflected physician order duplicated twice and initialed as administered (April 1 – 15) on two (2) separate pages of the April 2019 medication record.		
	Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
\$11-100.1-15 Medications. (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.  FINDINGS Resident #1, physician order dated May 21, 2019 read, "Quetiapine 25 mg take 1-2 tablets by mouth up to twice a day as needed for agitation." However, May 2019 medication record did not indicate the number of tablets administered on May 22 <sup>nd</sup> and 23 <sup>rd</sup> .	DID YOU CORRECT THE DEFICIENCY? \15  USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY  L corrected this finding by ensuing to document medication name, dosage (including, tablets) route, time a result for all PRN medications when ever the caregues administer PRN medica;	·

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-15 Medications. (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.  FINDINGS Resident #1, physician order dated April 2, 2019 read, "Permethrin 5% top cream to entire body from neck down in evening for one time rinse off after 8 hours with water." However, physician order was not documented on April 2019 medication record.	PART 1	
	Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	,

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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FINDINGS Resident #1, no medication records for March 2019.		
	·	
	Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-15 Medications. (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date,	PART 2 <u>FUTURE PLAN</u>	3/25/19
time, name of drug, and dosage initialed by the care giver.  FINDINGS  Resident #1, no medication records for March 2019.	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT	3/20/11
Resident #1, no medication records for iviation 2019.	Resident # 1  Resident # 1  Resident # 1	
	Luill ensure that doesn't happen again. I will make a medication administration	
	Record before beginning as the	e
·	prescribe medications order right name of nesident, right name of nesident, right name of medication, right dose, right	
	prequency I voice & . mireal	
	administered to the resident.	
	I will derible check at end of each month for	
	ac cura cy.	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-17 Records and reports. (a)(1) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:	PART 1	
Documentation of primary care giver's assessment of resident upon admission;		
FINDINGS Resident #1, no admission assessment upon re-admission of January 12, 2019.		
	Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	

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§11-100.1-17 Records and reports. (a)(1) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:  Documentation of primary care giver's assessment of resident upon admission;  FINDINGS Resident #1, no admission assessment upon re-admission of January 12, 2019.	PART 2  FUTURE PLAN  USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?  Recident #1  Weben a resident is readmitted to my home. I will refer to an admission checklist to ensure that all recessary documents are compteted, including an admission assessment of recident shall fill out a right by care a resident. Complete forms shall fill out a right by care a resident.	Date  S/25/19  Leans

Licensee's/Administrator's Signature:	Monryo
Print Name:	Myrma Domingo
Date: _	6/05/19

Licensee's/Administrator's Signature:	Myrna Roman	
Print Name: _	MYRNA DOMINGO	
Date:	7/9/19	

e: Many	Licensee's/Administrator's Signature:
ne: Myrna Domingo	Print Name:
te: 8/2/19	Date: _